

Form # 9B-3.053-2002-01  
Notice to Building Official of  
Use of Private Provider  
Effective January 20, 2003

Project Name: Christopher and Sabrina Buzzerd

Parcel Tax ID: 16-7s-17-10006-211

Services to be provided: Plans Review X Inspections X

Note: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791(2) Florida Statute.

Christopher and Sabrina Buzzerd

owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: Inspection Solutions, LLC.

Private Provider: Kevin Powell

Address: PO Box 219 Starke, FL 32091

Telephone: 904-304-9653

Fax: \_\_\_\_\_

Email Address (Optional): inspectionssolutionsfl@gmail.com

Florida License, Registration or Certificate #: BU1814

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire code, land use, environmental or other codes.

The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

**Individual**

Sabrina Buzzard  
Chris Buzzard  
(signature)  
Print Sabrina Buzzard  
Name: Chris Buzzard  
Address: 358 SW Marynuk Dr  
High Springs, FL 32645  
Telephone  
No.: 352-494-2292  
352-339-4468

Please use appropriate notary block.

STATE OF FL  
COUNTY OF Marion

**Individual**

Before me, this 29 day of Oct, 2023, personally appeared \_\_\_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

**Corporation**

Print Corporation Name \_\_\_\_\_  
Print \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone  
No.: \_\_\_\_\_

**Corporation**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ corporation, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

**Partnership**

Print Partnership Name \_\_\_\_\_  
By: \_\_\_\_\_  
(signature)  
Print \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone  
No.: \_\_\_\_\_

**Partnership**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ partner/agent on behalf of \_\_\_\_\_ a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known \_\_\_\_\_; or Produced identification PC Type of identification produced PC

Signature of Notary Stephanie Lynn Jennings Print Name Stephanie Lynn Jennings

Notary Public: NOTARY STAMP BELOW

My commission expires:

